

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11			1			
12						
13						
14						
15						
16						
17						
18						
19		8				
20	1		1			
21						
22	1					
23						
24	1		1			
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1		1			
36	1		1			
37						
38						
39						
40			1			
41						
42						
43			1			
44			1			
45			1			
46			1			
47			1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.	7		7			
TOTAL DEP.		9	9			
TOTAL CLAIMS		16				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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64						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						